

HASP FORM

UNITED STATES DEPARTMENT OF AGRICULTURAL
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM 15 New Safety Officer De-briefing

Number of Injuries to date: 1st aid _____ Recordable _____

Number of automobile accidents to date: _____

Number of other incidents to date (spills, equipment damage, etc.): _____

List what these incidents were and number of incidents: _____

Number of Training sessions conducted:

Initial training to date _____ Other to date _____

List the "other" training conducted: _____

Do all the training sessions have outlines and materials? Yes No
If No, develop outlines to pass to in-coming Safety Officer

Rotation Statistics:

Average number of days worked (all employees): _____

Average number of days worked (Officers): _____

Average number of hours worked in day: _____

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Safety Concerns addressed during this officer's deployment: _____

Corrective actions implemented during this officer's deployment: _____

On-going Safety Issues:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____